
 Kristina Lawson, J.D., Chair
 Panel B

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 MEGAN R. O'CARROLL
Deputy Attorney General
4 State Bar No. 215479
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 210-7543
Facsimile: (916) 327-2247
7

8 *Attorneys for Complainant*

9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

Case No. 800-2015-017133

14 **JAIPAL S. SIDHU, M.D.**
15 **PO Box 26119**
Fresno, CA 93729--6119

OAH No. 2017050494

16 **Physician's and Surgeon's Certificate No. A**
17 **72117**

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

18 Respondent.

19
20
21 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
22 entitled proceedings that the following matters are true:

23 PARTIES

24 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
25 of California (Board). She brought this action solely in her official capacity and is represented in
26 this matter by Xavier Becerra, Attorney General of the State of California, by Megan R.
27 O'Carroll, Deputy Attorney General.

28 ///

2. Respondent Jaipal S. Sidhu, M.D. (Respondent) is represented in this proceeding by attorney Gary A. Hunt, whose address is: 7647 North Fresno Street, Fresno, CA 93720.

3. On or about June 15, 2000, the Board issued Physician's and Surgeon's Certificate No. A 72117 to Jaipal S. Sidhu, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2015-017133, and will expire on June 30, 2018, unless renewed. On or about March 24, 2017, the Office of Administrative Hearings issued an Order following a noticed hearing on Complainant's Petition for an Interim Suspension Order on Physician's and Surgeon's License No. A 72117, suspending the license, but staying that suspension on the condition that Respondent Jaipal S. Sidhu, M.D. abstain from alcohol and to undergo random biological fluid testing until a final decision is adopted on this First Amended Accusation.

JURISDICTION

4. Accusation No. 800-2015-017133 was filed before the Board on April 13, 2017. The First Amended Accusation is currently pending before the Board. The Accusation and all other statutorily required documents were properly served on Respondent on April 13, 2017, and amended on June 26, 2017. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of First Amended Accusation No. 800-2015-017133 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2015-017133. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of

documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in Accusation No. 800-2015-017133.

10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 72117 issued to Respondent Jaipal S. Sidhu, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for seven (7) years on the following terms and conditions.

1. STANDARD STAY ORDER. However, revocation stayed and Respondent is placed on probation for seven years upon the following terms and conditions.

2. ALCOHOL - ABSTAIN FROM USE. Respondent shall abstain completely from the use of products or beverages containing alcohol.

3. CONTROLLED SUBSTANCES - ABSTAIN FROM USE. Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed to Respondent by another practitioner for a bona fide illness or condition.

Within 15 calendar days of receiving any lawfully prescribed medications, Respondent shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone number; medication name, strength, and quantity; and issuing pharmacy name, address, and telephone number.

4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

1 A professionalism program taken after the acts that gave rise to the charges in the
2 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
3 or its designee, be accepted towards the fulfillment of this condition if the program would have
4 been approved by the Board or its designee had the program been taken after the effective date of
5 this Decision.

6 Respondent shall submit a certification of successful completion to the Board or its
7 designee not later than 15 calendar days after successfully completing the program or not later
8 than 15 calendar days after the effective date of the Decision, whichever is later.

9 5. CLINICAL DIAGNOSTIC EVALUATIONS AND REPORTS: Within thirty (30)
10 calendar days of the effective date of this Decision, and on whatever periodic basis thereafter as
11 may be required by the Board or its designee, Respondent shall undergo and complete a clinical
12 diagnostic evaluation, including any and all testing deemed necessary, by a Board-appointed
13 board certified physician and surgeon. The examiner shall consider any information provided by
14 the Board or its designee and any other information he or she deems relevant, and shall furnish a
15 written evaluation report to the Board or its designee.

16 The clinical diagnostic evaluation shall be conducted by a licensed physician and surgeon
17 who holds a valid, unrestricted license, has three (3) years' experience in providing evaluations of
18 physicians and surgeons with substance abuse disorders, and is approved by the Board or its
19 designee. The clinical diagnostic evaluation shall be conducted in accordance with acceptable
20 professional standards for conducting substance abuse clinical diagnostic evaluations. The
21 evaluator shall not have a current or former financial, personal, or business relationship with
22 Respondent within the last five (5) years. The evaluator shall provide an objective, unbiased, and
23 independent evaluation. The clinical diagnostic evaluation report shall set forth, in the
24 evaluator's opinion, whether Respondent has a substance abuse problem, whether Respondent is a
25 threat to himself or herself or others, and recommendations for substance abuse treatment,
26 practice restrictions, or other recommendations related to Respondent's rehabilitation and ability
27 to practice safely. If the evaluator determines during the evaluation process that Respondent is a
28 threat to himself or herself or others, the evaluator shall notify the Board within twenty-four (24)

1 hours of such a determination.

2 In formulating his or her opinion as to whether Respondent is safe to return to either part-
3 time or full-time practice and what restrictions or recommendations should be imposed, including
4 participation in an inpatient or outpatient treatment program, the evaluator shall consider the
5 following factors: Respondent's license type; Respondent's history; Respondent's documented
6 length of sobriety (i.e., length of time that has elapsed since Respondent's last substance use);
7 Respondent's scope and pattern of substance abuse; Respondent's treatment history, medical
8 history and current medical condition; the nature, duration and severity of Respondent's
9 substance abuse problem or problems; and whether Respondent is a threat to himself or herself or
10 the public.

11 For all clinical diagnostic evaluations, a final written report shall be provided to the Board
12 no later than ten (10) days from the date the evaluator is assigned the matter. If the evaluator
13 requests additional information or time to complete the evaluation and report, an extension may
14 be granted, but shall not exceed thirty (30) days from the date the evaluator was originally
15 assigned the matter.

16 The Board shall review the clinical diagnostic evaluation report within five (5) business
17 days of receipt to determine whether Respondent is safe to return to either part-time or full-time
18 practice and what restrictions or recommendations shall be imposed on Respondent based on the
19 recommendations made by the evaluator. Respondent shall not be returned to practice until he or
20 she has at least thirty (30) days of negative biological fluid tests or biological fluid tests indicating
21 that he or she has not used, consumed, ingested, or administered to himself or herself a prohibited
22 substance, as defined in section 1361.51, subdivision (e), of Title 16 of the California Code of
23 Regulations.

24 Clinical diagnostic evaluations conducted prior to the effective date of this Decision shall
25 not be accepted towards the fulfillment of this requirement. The cost of the clinical diagnostic
26 evaluation, including any and all testing deemed necessary by the examiner, the Board or its
27 designee, shall be borne by the licensee.

28 ///

Respondent shall not engage in the practice of medicine until notified by the Board or its designee that he or she is fit to practice medicine safely. The period of time that Respondent is not practicing medicine shall not be counted toward completion of the term of probation.

Respondent shall undergo biological fluid testing as required in this Decision at least two (2) times per week while awaiting the notification from the Board if he or she is fit to practice medicine safely.

Respondent shall comply with all restrictions or conditions recommended by the examiner conducting the clinical diagnostic evaluation within fifteen (15) calendar days after being notified by the Board or its designee.

6. NOTICE OF EMPLOYER OR SUPERVISOR INFORMATION. Within seven (7) days of the effective date of this Decision, Respondent shall provide to the Board the names, physical addresses, mailing addresses, and telephone numbers of any and all employers and supervisors. Respondent shall also provide specific, written consent for the Board, Respondent's worksite monitor, and Respondent's employers and supervisors to communicate regarding Respondent's work status, performance, and monitoring.

For purposes of this section, "supervisors" shall include the Chief of Staff and Health or Well Being Committee Chair, or equivalent, if applicable, when the Respondent has medical staff privileges.

7. BIOLOGICAL FLUID TESTING. Respondent shall immediately submit to biological fluid testing, at Respondent's expense, upon request of the Board or its designee. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board or its designee. Respondent shall make daily contact with the Board or its designee to determine whether biological fluid testing is required. Respondent shall be tested on the date of the notification as directed by the Board or its designee. The Board may order a Respondent to undergo a biological fluid test on any day, at any time, including weekends and holidays. Except when testing on a specific date as ordered by the Board or its designee, the scheduling of biological fluid testing shall be done on a random basis. The cost of biological fluid testing shall be borne by the Respondent.

1 During the first year of probation, Respondent shall be subject to 52 to 104 random tests.
2 During the second year of probation and for the duration of the probationary term, up to five (5)
3 years, Respondent shall be subject to 36 to 104 random tests per year. Only if there has been no
4 positive biological fluid tests in the previous five (5) consecutive years of probation, may testing
5 be reduced to one (1) time per month. Nothing precludes the Board from increasing the number
6 of random tests to the first-year level of frequency for any reason.

7 Prior to practicing medicine, Respondent shall contract with a laboratory or service,
8 approved in advance by the Board or its designee, that will conduct random, unannounced,
9 observed, biological fluid testing and meets all of the following standards:

10 (a) Its specimen collectors are either certified by the Drug and Alcohol Testing Industry
11 Association or have completed the training required to serve as a collector for the United
12 States Department of Transportation.

13 (b) Its specimen collectors conform to the current United States Department of
14 Transportation Specimen Collection Guidelines.

15 (c) Its testing locations comply with the Urine Specimen Collection Guidelines published
16 by the United States Department of Transportation without regard to the type of test
17 administered.

18 (d) Its specimen collectors observe the collection of testing specimens.

19 (e) Its laboratories are certified and accredited by the United States Department of Health
20 and Human Services.

21 (f) Its testing locations shall submit a specimen to a laboratory within one (1) business day
22 of receipt and all specimens collected shall be handled pursuant to chain of custody
23 procedures. The laboratory shall process and analyze the specimens and provide legally
24 defensible test results to the Board within seven (7) business days of receipt of the
25 specimen. The Board will be notified of non-negative results within one (1) business day
26 and will be notified of negative test results within seven (7) business days.

27 (g) Its testing locations possess all the materials, equipment, and technical expertise
28 necessary in order to test Respondent on any day of the week.

- 1 (h) Its testing locations are able to scientifically test for urine, blood, and hair specimens
2 for the detection of alcohol and illegal and controlled substances.
- 3 (i) It maintains testing sites located throughout California.
- 4 (j) It maintains an automated 24-hour toll-free telephone system and/or a secure on-line
5 computer database that allows the Respondent to check in daily for testing.
- 6 (k) It maintains a secure, HIPAA-compliant website or computer system that allows staff
7 access to drug test results and compliance reporting information that is available 24 hours a
8 day.
- 9 (l) It employs or contracts with toxicologists that are licensed physicians and have
10 knowledge of substance abuse disorders and the appropriate medical training to interpret
11 and evaluate laboratory biological fluid test results, medical histories, and any other
12 information relevant to biomedical information.
- 13 (m) It will not consider a toxicology screen to be negative if a positive result is obtained
14 while practicing, even if the Respondent holds a valid prescription for the substance.

15 Prior to changing testing locations for any reason, including during vacation or other travel,
16 alternative testing locations must be approved by the Board and meet the requirements above.

17 The contract shall require that the laboratory directly notify the Board or its designee of
18 non-negative results within one (1) business day and negative test results within seven (7)
19 business days of the results becoming available. Respondent shall maintain this laboratory or
20 service contract during the period of probation.

21 A certified copy of any laboratory test result may be received in evidence in any
22 proceedings between the Board and Respondent.

23 If a biological fluid test result indicates Respondent has used, consumed, ingested, or
24 administered to himself or herself a prohibited substance, the Board shall order Respondent to
25 cease practice and instruct Respondent to leave any place of work where Respondent is practicing
26 medicine or providing medical services. The Board shall immediately notify all of Respondent's
27 employers, supervisors and work monitors, if any, that Respondent may not practice medicine or
28 provide medical services while the cease-practice order is in effect.

1 A biological fluid test will not be considered negative if a positive result is obtained while
2 practicing, even if the practitioner holds a valid prescription for the substance. If no prohibited
3 substance use exists, the Board shall lift the cease-practice order within one (1) business day.

4 After the issuance of a cease-practice order, the Board shall determine whether the positive
5 biological fluid test is in fact evidence of prohibited substance use by consulting with the
6 specimen collector and the laboratory, communicating with the licensee, his or her treating
7 physician(s), other health care provider, or group facilitator, as applicable.

8 For purposes of this condition, the terms "biological fluid testing" and "testing" mean the
9 acquisition and chemical analysis of a Respondent's urine, blood, breath, or hair.

10 For purposes of this condition, the term "prohibited substance" means an illegal drug, a
11 lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by
12 Respondent and approved by the Board, alcohol, or any other substance the Respondent has been
13 instructed by the Board not to use, consume, ingest, or administer to himself or herself.

14 If the Board confirms that a positive biological fluid test is evidence of use of a prohibited
15 substance, Respondent has committed a major violation, as defined in section 1361.52(a), and the
16 Board shall impose any or all of the consequences set forth in section 1361.52(b), in addition to
17 any other terms or conditions the Board determines are necessary for public protection or to
18 enhance Respondent's rehabilitation.

19 8. SUBSTANCE ABUSE SUPPORT GROUP MEETINGS. Within thirty (30) days of
20 the effective date of this Decision, Respondent shall submit to the Board or its designee, for its
21 prior approval, the name of a substance abuse support group which he or she shall attend for the
22 duration of probation. Respondent shall attend substance abuse support group meetings at least
23 once per week, or as ordered by the Board or its designee. Respondent shall pay all substance
24 abuse support group meeting costs.

25 The facilitator of the substance abuse support group meeting shall have a minimum of three
26 (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed
27 or certified by the state or nationally certified organizations. The facilitator shall not have a
28 current or former financial, personal, or business relationship with Respondent within the last five

1 (5) years. Respondent's previous participation in a substance abuse group support meeting led by
2 the same facilitator does not constitute a prohibited current or former financial, personal, or
3 business relationship.

4 The facilitator shall provide a signed document to the Board or its designee showing
5 Respondent's name, the group name, the date and location of the meeting, Respondent's
6 attendance, and Respondent's level of participation and progress. The facilitator shall report any
7 unexcused absence by Respondent from any substance abuse support group meeting to the Board,
8 or its designee, within twenty-four (24) hours of the unexcused absence.

9 9. WORKSITE MONITOR FOR SUBSTANCE-ABUSING LICENSEE. Within thirty
10 (30) calendar days of the effective date of this Decision, Respondent shall submit to the Board or
11 its designee for prior approval as a worksite monitor, the name and qualifications of one or more
12 licensed physician and surgeon, other licensed health care professional if no physician and
13 surgeon is available, or, as approved by the Board or its designee, a person in a position of
14 authority who is capable of monitoring the Respondent at work.

15 The worksite monitor shall not have a current or former financial, personal, or familial
16 relationship with Respondent, or any other relationship that could reasonably be expected to
17 compromise the ability of the monitor to render impartial and unbiased reports to the Board or its
18 designee. If it is impractical for anyone but Respondent's employer to serve as the worksite
19 monitor, this requirement may be waived by the Board or its designee, however, under no
20 circumstances shall Respondent's worksite monitor be an employee or supervisee of the licensee.

21 The worksite monitor shall have an active unrestricted license with no disciplinary action
22 within the last five (5) years, and shall sign an affirmation that he or she has reviewed the terms
23 and conditions of Respondent's disciplinary order and agrees to monitor Respondent as set forth
24 by the Board or its designee.

25 Respondent shall pay all worksite monitoring costs.

26 The worksite monitor shall have face-to-face contact with Respondent in the work
27 environment on as frequent a basis as determined by the Board or its designee, but not less than
28 twice per week; interview other staff in the office regarding Respondent's behavior, if requested

1 by the Board or its designee; and review Respondent's work attendance.

2 The worksite monitor shall verbally report any suspected substance abuse to the Board and
3 Respondent's employer or supervisor within one (1) business day of occurrence. If the suspected
4 substance abuse does not occur during the Board's normal business hours, the verbal report shall
5 be made to the Board or its designee within one (1) hour of the next business day. A written
6 report that includes the date, time, and location of the suspected abuse; Respondent's actions; and
7 any other information deemed important by the worksite monitor shall be submitted to the Board
8 or its designee within 48 hours of the occurrence.

9 The worksite monitor shall complete and submit a written report monthly or as directed by
10 the Board or its designee which shall include the following: (1) Respondent's name and
11 Physician's and Surgeon's Certificate number; (2) the worksite monitor's name and signature; (3)
12 the worksite monitor's license number, if applicable; (4) the location or location(s) of the
13 worksite; (5) the dates Respondent had face-to-face contact with the worksite monitor; (6) the
14 names of worksite staff interviewed, if applicable; (7) a report of Respondent's work attendance;
15 (8) any change in Respondent's behavior and/or personal habits; and (9) any indicators that can
16 lead to suspected substance abuse by Respondent. Respondent shall complete any required
17 consent forms and execute agreements with the approved worksite monitor and the Board, or its
18 designee, authorizing the Board, or its designee, and worksite monitor to exchange information.

19 If the worksite monitor resigns or is no longer available, Respondent shall, within five (5)
20 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior
21 approval, the name and qualifications of a replacement monitor who will be assuming that
22 responsibility within fifteen (15) calendar days. If Respondent fails to obtain approval of a
23 replacement monitor within sixty (60) calendar days of the resignation or unavailability of the
24 monitor, Respondent shall receive a notification from the Board or its designee to cease the
25 practice of medicine within three (3) calendar days after being so notified. Respondent shall
26 cease the practice of medicine until a replacement monitor is approved and assumes monitoring
27 responsibility.

28 ///

1 10. VIOLATION OF PROBATION CONDITION FOR SUBSTANCE ABUSING
2 LICENSEES. Failure to fully comply with any term or condition of probation is a violation of
3 probation.

4 A. If Respondent commits a major violation of probation as defined by section
5 1361.52, subdivision (a), of Title 16 of the California Code of Regulations, the Board shall take
6 one or more of the following actions:

7 (1) Issue an immediate cease-practice order and order Respondent to undergo a clinical
8 diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of
9 Title 16 of the California Code of Regulations, at Respondent's expense. The cease-practice
10 order issued by the Board or its designee shall state that Respondent must test negative for at least
11 a month of continuous biological fluid testing before being allowed to resume practice. For
12 purposes of determining the length of time a Respondent must test negative while undergoing
13 continuous biological fluid testing following issuance of a cease-practice order, a month is
14 defined as thirty calendar (30) days. Respondent may not resume the practice of medicine until
15 notified in writing by the Board or its designee that he or she may do so.

16 (2) Increase the frequency of biological fluid testing.

17 (3) Refer Respondent for further disciplinary action, such as suspension, revocation, or
18 other action as determined by the Board or its designee.

19 B. If Respondent commits a minor violation of probation as defined by section
20 1361.52, subdivision (c), of Title 16 of the California Code of Regulations, the Board shall take
21 one or more of the following actions:

22 (1) Issue a cease-practice order;

23 (2) Order practice limitations;

24 (3) Order or increase supervision of Respondent;

25 (4) Order increased documentation;

26 (5) Issue a citation and fine, or a warning letter;

27 (6) Order Respondent to undergo a clinical diagnostic evaluation to be conducted in
28 accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of

1 Regulations, at Respondent's expense;

2 (7) Take any other action as determined by the Board or its designee.

3 C. Nothing in this Decision shall be considered a limitation on the Board's authority
4 to revoke Respondent's probation if he or she has violated any term or condition of probation. If
5 Respondent violates probation in any respect, the Board, after giving Respondent notice and the
6 opportunity to be heard, may revoke probation and carry out the disciplinary order that was
7 stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed
8 against Respondent during probation, the Board shall have continuing jurisdiction until the matter
9 is final, and the period of probation shall be extended until the matter is final.

10 11. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
11 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
12 Chief Executive Officer at every hospital where privileges or membership are extended to
13 Respondent, at any other facility where Respondent engages in the practice of medicine,
14 including all physician and locum tenens registries or other similar agencies, and to the Chief
15 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
16 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
17 calendar days.

18 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

19 12. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
20 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
21 advanced practice nurses.

22 13. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
23 governing the practice of medicine in California and remain in full compliance with any court
24 ordered criminal probation, payments, and other orders.

25 14. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
26 under penalty of perjury on forms provided by the Board, stating whether there has been
27 compliance with all the conditions of probation.

28 ///

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

15. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

16. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

1 17. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
2 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
3 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
4 defined as any period of time Respondent is not practicing medicine as defined in Business and
5 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
6 patient care, clinical activity or teaching, or other activity as approved by the Board. If
7 Respondent resides in California and is considered to be in non-practice, Respondent shall
8 comply with all terms and conditions of probation. All time spent in an intensive training
9 program which has been approved by the Board or its designee shall not be considered non-
10 practice and does not relieve Respondent from complying with all the terms and conditions of
11 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
12 on probation with the medical licensing authority of that state or jurisdiction shall not be
13 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
14 period of non-practice.

15 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
16 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
17 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
18 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
19 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

20 Respondent's period of non-practice while on probation shall not exceed two (2) years.

21 Periods of non-practice will not apply to the reduction of the probationary term.

22 Periods of non-practice for a Respondent residing outside of California will relieve
23 Respondent of the responsibility to comply with the probationary terms and conditions with the
24 exception of this condition and the following terms and conditions of probation: Obey All Laws;
25 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
26 Controlled Substances; and Biological Fluid Testing.

27 18. COMPLETION OF PROBATION. Respondent shall comply with all financial
28 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the

1 completion of probation. Upon successful completion of probation, Respondent's certificate shall
2 be fully restored.

3 19. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
4 of probation is a violation of probation. If Respondent violates probation in any respect, the
5 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
6 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
7 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
8 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
9 the matter is final.

10 20. LICENSE SURRENDER. Following the effective date of this Decision, if
11 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
12 the terms and conditions of probation, Respondent may request to surrender his or her license.
13 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
14 determining whether or not to grant the request, or to take any other action deemed appropriate
15 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
16 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
17 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
18 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
19 application shall be treated as a petition for reinstatement of a revoked certificate.

20 21. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
21 with probation monitoring each and every year of probation, as designated by the Board, which
22 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
23 California and delivered to the Board or its designee no later than January 31 of each calendar
24 year.

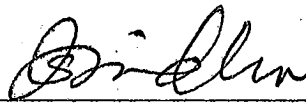
25 ACCEPTANCE

26 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
27 discussed it with my attorney, Gary A. Hunt. I understand the stipulation and the effect it will
28 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and

Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED:

9/8/2017

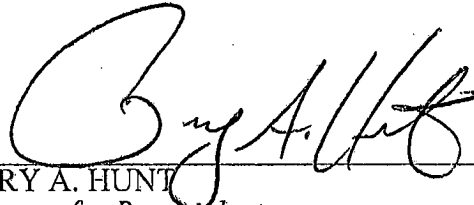


JAIPAL S. SIDHU, M.D.
Respondent

I have read and fully discussed with Respondent Jaipal S. Sidhu, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED:

9/8/2017



GARY A. HUNT
Attorney for Respondent

ENDORSEMENT

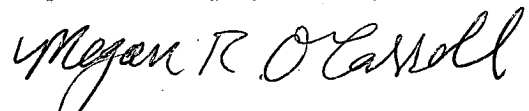
The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated:

10/18/17

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General



MEGAN R. O'CARROLL
Deputy Attorney General
Attorneys for Complainant

FR2017303137
33020320.doc.docx

Exhibit A

Accusation No. 800-2015-017133

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 MEGAN R. O'CARROLL
Deputy Attorney General
4 State Bar No. 215479
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 324-5288
Facsimile: (916) 327-2247

7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 17 20 17
BY Gara Pasion ANALYST

8
9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

12 In the Matter of the First Amended Accusation
13 Against:

14 **Jaipal S. Sidhu, M.D.**
15 **PO Box 26119**
Fresno, CA 93729--6119

16 **Physician's and Surgeon's Certificate**
17 **No. A 72117,**

18 **Respondent.**

Case No. 800-2015-017133

OAH No. 2017050494

FIRST AMENDED ACCUSATION

19
20 Complainant alleges:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in
23 her official capacity as the Executive Director of the Medical Board of California, Department of
24 Consumer Affairs (Board).

25 2. On or about June 15, 2000, the Medical Board issued Physician's and Surgeon's
26 Certificate No. A 72117 to Jaipal S. Sidhu, M.D. (Respondent). The Physician's and Surgeon's
27 Certificate was in full force and effect at all times relevant to the charges brought herein and will
28 expire on June 30, 2018, unless renewed.

3. On or about March 24, 2017, the Office of Administrative Hearings issued an Order following a noticed hearing on Complainant's Petition for an Interim Suspension Order on Physician's and Surgeon's License No. A 72117, suspending the license, but staying that suspension on the condition that Respondent Jaipal S. Sidhu, M.D. abstain from alcohol and to undergo random biological fluid testing until a final decision is adopted on this First Amended Accusation.

JURISDICTION

4. This First Amended Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code), unless otherwise indicated.

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

6. Section 2234 of the Code, states:

“The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

“(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

“(b) Gross negligence.

“(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

“(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

“(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a

reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

7. Section 822 of the Code states:

"If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

(a) Revoking the licentiate's certificate or license.

(b) Suspending the licentiate's right to practice.

(c) Placing the licentiate on probation.

(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

The licensing agency shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated."

///

1 8. Section 2239 of the Code states:

2 (a) The use or prescribing for or administering to himself or herself, of any controlled
3 substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic
4 beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to
5 any other person or to the public, or to the extent that such use impairs the ability of the licensee
6 to practice medicine safely or more than one misdemeanor or any felony involving the use,
7 consumption, or self-administration of any of the substances referred to in this section, or any
8 combination thereof, constitutes unprofessional conduct. The record of the conviction is
9 conclusive evidence of such unprofessional conduct.

10 “...”

11 **FIRST CAUSE FOR DISCIPLINE**

12 **(Use of Alcoholic Beverages to Such an Extent, or in Such a Manner, as to be Dangerous or**
13 **Injurious to the Licensee, or to any other Person or to the Public)**

14 9. Respondent Jaipal S. Sidhu, M.D., is subject to disciplinary action under section
15 2239, of the Code, in that he used alcohol and controlled substances in a manner, and to such an
16 extent, as to be injurious to himself, another person, and/or the public. The circumstances are as
17 follows:

18 10. On or about October of 2014, Respondent's physician noted that he had a history of
19 alcohol dependence, but that he appeared to be in denial of the condition. The physician
20 recommended Respondent attend an in-patient treatment program, and noted that he would no
21 longer prescribe benzodiazepines to Respondent unless they were being used to treat alcohol
22 withdrawal symptoms in conjunction with a treatment program.

23 11. On or about November of 2014, Respondent was granted privileges at San Joaquin
24 Valley Rehabilitation Hospital in Fresno, California. On or about January 12, 2015, San Joaquin
25 Rehabilitation Hospital suspended Respondent's admitting privileges due to his failure to comply
26 with medical records requirements of the Hospital. Respondent brought his records into
27 compliance and his privileges were reinstated on January 14, 2015. On or about Friday, January

28 ///

1 15, 2015, a Nurse Educator providing training to Respondent on medical records practices at the
2 Hospital reported that he behaved angrily and rudely with trainers.

3 12. On or about January 16, 2015, Respondent attended a meeting at San Joaquin
4 Rehabilitation Hospital during the morning. During the meeting several staff members noticed
5 Respondent was behaving strangely. When he entered the meeting and attempted to sit down, he
6 fell out of his chair onto the floor. He spoke rudely and inappropriately to several staff members,
7 and interrupted with statements that did not make sense. His speech contained long pauses and he
8 seemed to have difficulty finding words. At one point during the meeting, he told a hospital
9 employee to "shut up." Staff members noticed his hands shaking as he ate and that he had
10 difficulty walking in a straight line. Respondent took a call on his cell phone and spoke loudly on
11 it during the meeting, even blocking part of the projected image of materials relevant to the
12 meeting that other meeting attendees were looking at. When Respondent spoke again in a manner
13 that was disruptive and off-topic, the Chief Medical Officer of the Hospital insisted he come
14 speak to her outside the meeting so as not to disruptive the meeting's agenda.

15 13. On or about January 16, 2015, at approximately 8:00 p.m., Clovis Police Officers
16 were dispatched to Respondent's home for a report of a domestic disturbance. Upon arriving at
17 his residence, Officers spoke with Respondent and observed that he was intoxicated with alcohol.
18 He had a strong odor of alcoholic beverage on his person, mumbled speech, and red and watery
19 eyes. Respondent spoke and moved slowly and deliberately. He reported having consumed two
20 vodka drinks. Respondent had blood on his fingers, and a laceration. Officers observed blood on
21 the floor of his residence. Respondent admitted to having had an argument with his wife in the
22 kitchen. He claimed that his wife had thrown two glass vases at him and that he cut his fingers
23 when he bent down to pick up the broken pieces.

24 14. Respondent's wife denied having thrown any vases at Respondent, and stated that he
25 had thrown the vases on the ground himself, and that both their children were present in the home
26 and had observed him throw the vases on the floor. Officers contacted the children at the
27 residence who both confirmed that Respondent had thrown the vases while yelling and screaming
28 during an argument with their mother, and that he had also cut his finger on the glass he broke.

1 15. When Officers explained to Respondent that everyone else in the house reported that
2 he threw the vases himself, Respondent continued to argue that he had not done so and stated he
3 wanted to bring the matter to court. The Officers explained to Respondent that there was no need
4 for court proceedings, as no crime had been committed. Respondent's wife asked Officers to
5 remain while she gathered belongings and left the house for the night because she did not feel
6 safe remaining there. Respondent became argumentative and claimed his wife should not be able
7 to leave the residence with the vehicle since the vehicle was registered in his name. Officers
8 explained that his wife could remove the vehicle she usually uses because they are married.

9 16. Respondent had a friend present who was trying to calm him down and stop him from
10 being belligerent or arguing with the Officers. The friend informed the Officers that he would
11 take care of Respondent that evening. Officers instructed Respondent to remain in his residence
12 until he was sober. As the Officers were preparing to drive away, however, Respondent came
13 running out of the residence, yelling and creating a disturbance. Respondent's friend
14 acknowledged to the Officers that he could not control Respondent's behavior. The Officers then
15 arrested Respondent for a violation of California Penal Code section 647, subdivision (f), being
16 drunk in public and unable to care for his own safety.

17 17. Officers placed Respondent in a control hold and transported him to the County Jail.
18 While Respondent was being booked into the County Jail, Officers requested an ambulance for
19 treatment of Respondent's lacerated finger. Emergency medical services transported Respondent
20 to Clovis Community Hospital for medical treatment of his finger.

21 18. The following day, on or about January 17, 2015, Respondent returned to work at San
22 Joaquin Rehabilitation Center and was observed by nursing staff walking to his car several times
23 during the day, taking small deliberate steps, and again having difficulty walking in a straight
24 line. He had bandages on his fingers and his hands were red and swollen. Around 4:45 P.M. on
25 January 17, 2015, a nurse who was walking to the parking lot spoke with Respondent as he was
26 walking to his car. The nurse noticed that Respondent seemed strange, was not making sense,
27 and had a faint smell of alcohol on his breath. When they reached Respondent's parked car, she
28 noticed that his car was not parked straight in the spot, but was instead at an angle. She reported

1 her observations to the Head Nurse, who reported it to the Chief Executive Officer of the
2 Hospital.

3 19. The Chief Executive Officer immediately contacted Respondent on January 17, 2015,
4 and asked him to provide a urine sample. Respondent indicated that he said he was on Ambien,
5 Norco, and Lorazepam, and last took these drugs the previous evening. The urine sample was
6 positive for benzodiazepines, opioids, as well as alcohol. The Chief Executive Officer asked the
7 Head Nurse to review all Respondent's patient care for that date to check for errors that could
8 have harmed patients.

9 20. On or about January 18, 2015, due to the positive alcohol sample and Respondent's
10 strange behavior, San Joaquin Rehabilitation Hospital determined that there were safety concerns
11 with Respondent and he should not be permitted to see patients at their facility. On or about
12 January 19, 2015, the Hospital sent him a letter informing him that he was under investigation.
13 On or about January 21, 2015, the Wellness Committee met and recommended Respondent
14 should take a leave of absence to obtain treatment in lieu of having his privileges suspended. On
15 or about January 22, 2015, he was offered the ability to take a leave of absence to obtain
16 treatment and get cleared by a physician to return to work. The Hospital informed him if he did
17 not take a leave of absence, his privileges would be suspended for a sufficient length of time to
18 require a report to the Medical Board of California. On or about January 22, 2015, Respondent
19 sent a letter to the Hospital indicating that he would agree to obtain treatment and take a leave of
20 absence.

21 21. On or about January 21, 2015, Respondent's family had several communications with
22 his personal physician about his drinking problem. A family member reported to the physician
23 that Respondent had been "drinking night and day." A family member told the physician he was
24 concerned about Respondent's and his family's safety and the physician directed the family
25 member to call 911.

26 22. A Clovis Police Officer arrived at Respondent's residence at approximately 9:20 p.m.
27 on the evening of January 21, 2015, and observed him lying on the living room floor, heavily
28 intoxicated. The Officer spoke with Respondent's mother, who reported that he had been

1 drinking alcohol and stated he wanted to kill himself, and stated that he would kill his brother if
2 he tried to stop him. The Officer learned that Respondent had lost his job as a physician several
3 months ago, was depressed, and his wife and children had left him due to his violent outbursts.
4 The Officer determined that Respondent was a danger to himself, and placed him on a 72-hour
5 psychiatric hold. Respondent was treated in the Emergency Room and released.

6 23. Respondent checked into an inpatient treatment program at Lakeside Milam Recovery
7 Center in Washington State on or about January 28, 2015. Upon entry to the facility, he was
8 noted to be obviously intoxicated and reported he had drunk 200 milliliters of vodka that morning
9 before entering the facility, and that he had been drinking that amount of alcohol daily for
10 approximately eight years. During his inpatient treatment, Respondent showed signs of alcohol
11 withdrawal, including headaches, nausea, tremors and agitation. While a patient at Lakeside
12 Milam, Respondent stated that he injured his finger on glass while he was drinking alcohol.

13 24. On or about February 25, 2015, San Joaquin Rehabilitation Hospital received a letter
14 from Lakeside Milam Recovery Centers explaining that Respondent had been in a treatment
15 program for substance abuse and was discharged on that date. The letter recommended that
16 Respondent continue with an out-patient treatment program to prevent relapse following their
17 inpatient treatment program.

18 25. Respondent participated in a various outpatient alcohol treatment programs in Fresno
19 after his discharge from Lakeside Milam. He started a treatment program called Eleventh Hour
20 on or about March 2, 2015. On several occasions during March, he was noted to be non-
21 compliant with the program, either by failing to attend or by becoming argumentative with the
22 counselors. On or about April 9, 2015, Respondent's toxicology screen showed his blood alcohol
23 level was 0.11. On or about April 20, 2015, Respondent showed up at an Eleventh Hour meeting
24 under the influence of alcohol. When confronted by the staff members at Eleventh Hour, he
25 initially denied drinking alcohol, but then admitted that he drank vodka at 4:00 P.M. The group
26 director requested Respondent obtain a ride to leave, and informed him that if he attempted to
27 drive his car, the director would call 911.
28

1 26. On or about March 8, 2015, Respondent had filed a request to return from his leave of
2 absence and have his privileges reinstated at San Joaquin Rehabilitation Hospital. The Medical
3 Executive Committee (MEC), initially rejected the request in April of 2015, and requested further
4 information before making a decision on the reinstatement of privileges. At a meeting on or
5 about June 5, 2015, the Committee decided to propose reinstatement with an agreement that
6 Respondent would undergo proctoring and random toxicology screenings for at least a year
7 through the Pacific Assistance Program (PAG). Respondent failed the toxicology screening and
8 the proctoring program, and the MEC ultimately terminated his medical privileges at the hospital
9 on or about September 29, 2015.

10 27. Respondent terminated his treatment program with PAG, and returned to the Eleventh
11 Hour program on or about October 19, 2015. On or about December 6, 2015, Respondent
12 provided a urine sample with a toxicology result showing the presence of alcohol metabolites.
13 On or about December 14, 2015, Respondent missed a required test with Eleventh Hour. On or
14 about December 13, 2015, a staff member of Eleventh Hour noted a smell of alcohol and was
15 concerned that it may be coming from Respondent, although the staff member could not confirm
16 that. On or about December 20, 2015, a member of the treatment group reported to Eleventh
17 Hour staff that Respondent smelled of alcohol. Eleventh Hour staff called Respondent into a
18 separate office and asked him to complete a breath test. The test showed the presence of alcohol,
19 but Respondent denied drinking alcohol and claimed it was Listerine. However, the staff member
20 noted that Respondent appeared intoxicated and had red eyes. The staff member would not allow
21 Respondent to drive, and required him to obtain a ride. On or about December 21, 2015,
22 Eleventh Hour staff attempted to have Respondent return for a formal urinalysis, but he refused to
23 provide a sample stating that he had to go out of town. He called Eleventh Hour several days
24 later wanting to return and provide a sample, but Eleventh Hour would not permit him to return to
25 the program.

26 28. When the Board was notified in or about September of 2015 that Respondent's
27 privileges had been terminated due to alcohol or drug abuse, it opened an investigation and
28 referred Respondent to a psychiatrist for an evaluation. On or about February 25, 2016, the

1 investigator referred this case to Dr. Howard Terrell, M.D., an addiction specialist, for an
2 evaluation of Respondent under Business and Professions section 820. On or about March 27,
3 2016, Dr. Terrell provided a report indicating that Respondent suffered from an alcohol use
4 disorder.

5 29. On or about June 9, 2016, Respondent participated in an interview with the
6 investigator acting on behalf of the Board. During the interview, Respondent denied that he ever
7 drank heavily or to the extent that it presented a problem for him or his profession. He denied
8 ever drinking to excess, and indicated that he drank only one or two drinks over the weekends.
9 He stated that in January of 2015 the incident at San Joaquin Rehabilitation Hospital was due to
10 his having consumed three units of alcohol the night before at a party, which may have left a
11 residual smell of alcohol on his clothes or person. He stated that he only entered the alcohol
12 treatment programs because the Hospital staff thought it was necessary, but that he disagreed with
13 this stating that he never had a problem with alcohol consumption. He specifically
14 misrepresented the last time he consumed alcohol, stating that it was the day he entered the
15 inpatient treatment program on January 28, 2015, when he had one beer at noontime. When
16 asked if he had ever been arrested for a crime, he responded that he had not. When asked if he
17 had ever been hospitalized for psychiatric treatment, he responded that he had not.

18 SECOND CAUSE FOR DISCIPLINE

19 (Dishonesty)

20 30. Respondent Jaipal S. Sidhu, M.D. is subject to disciplinary action under section 2234,
21 subdivision (d), of the Code in that he committed an act involving dishonesty or corruption which
22 is substantially related to the qualifications, functions, or duties of a physician and surgeon.

23 31. Paragraphs, as alleged in paragraphs 9 through 29 above, are incorporated by
24 reference and realleged as if fully set forth here.

25 32. Respondent subjected his license to discipline for dishonest or corrupt acts by making
26 deliberately untruthful responses during his June 9, 2016, interview with Board investigators,
27 including but not limited to the following:

28 ///

1 a. He denied he had ever been arrested, despite having been arrested for violation of 647(f)
2 on or about January 16, 2015;

3 b. He denied he had ever received hospitalization for psychiatric treatment, despite having
4 been placed on a psychiatric hold on or about January 21, 2015;

5 c. He claimed his last drink was January 27, 2015, despite having multiple relapses during
6 treatment programs, including relapses during April 2015 and December 2015; and

7 d. He claimed the only alcohol he drank between January 18, 2015 and January 27, 2015
8 was one beer on January 27, 2015, despite having been taken into custody by Clovis Police while
9 obviously intoxicated on or about January 21, 2015.

10 **THIRD CAUSE FOR DISCIPLINE**

11 **(Unprofessional Conduct)**

12 33. Respondent Jaipal S. Sidhu, M.D. is subject to disciplinary action under section 2234
13 in that he has engaged in conduct which breaches the rules or ethical code of the medical
14 profession, or conduct which is unbecoming to a member in good standing of the medical
15 profession, and which demonstrates an unfitness to practice medicine, as alleged in paragraphs 9
16 through 32 above, which are incorporated by reference and realleged as if fully set forth here.

17 **CAUSE FOR ACTION**

18 **(Mental Illness and/or Physical Illness Affecting Competency)**

19 34. Respondent is subject to action under section 822 in that he is not safe to practice
20 medicine safely as he suffers from a mental illness that affects his competency to practice
21 medicine. The circumstances are as follows:

22 35. Paragraphs 9 through 33, above, are hereby incorporated by reference and realleged
23 as if fully set forth herein.

24 36. After completing the interview with Respondent and gathering additional records, the
25 investigator reviewing this matter on behalf of the Board referred this case to Dr. Alan Schneider,
26 a Board certified expert psychiatrist, specializing in addiction medicine. Dr. Schneider reviewed
27 the peer review records from San Joaquin Rehabilitation Hospital, the certified medical records
28 from a number of treatment providers who provided care to Respondent, and the transcript of

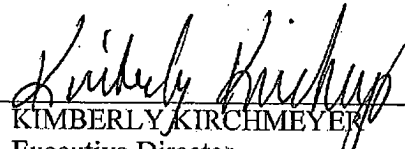
1 Respondent's interview with the investigator for the Board. Dr. Schneider concluded that
2 Respondent presently suffers from an alcohol use disorder which substantially impairs his ability
3 to safely practice medicine and that the public is in danger if Respondent is permitted to continue
4 to practice medicine.

5 **PRAYER**

6 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
7 and that following the hearing, the Medical Board of California issue a decision:

- 8 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 72117, issued
9 to Respondent Jaipal S. Sidhu, M.D.;
- 10 2. Revoking, suspending or denying approval of Respondent Jaipal S. Sidhu, M.D.'s
11 authority to supervise physician assistants, and advanced practice nurses;
- 12 3. Ordering Respondent Jaipal S. Sidhu, M.D., if placed on probation, to pay the Board
13 the costs of probation monitoring;
- 14 4. Taking action authorized by section 822 of the Code as the Medical Board of
15 California, in its discretion, deems necessary and proper; and
- 16 5. Taking such other and further action as deemed necessary and proper.

17
18 DATED: July 17, 2017


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

21
22 FR2017303137
32925250.doc